FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (4)VENELAND INC. Principal Place of Business Mailing Address 10205 COLLINS AVENUE 812 COLUMBUS BLVD. CORAL GABLES FL 33134 PENTHOUSE 9 DO NOT WRITE IN THIS SPACE **BAL HARBOUR FL 33154** 3. Date Incorporated or Qualified 03/29/1978 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1976665 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MOSTEIRO, MANUEL 10205 COLLINS AVE 82 Street Address (P.O. Box Number is Not Acceptable) **PENTHOUSE 9** 83 **BAL HARBOUR FL 33154** 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change TORREIRO, MARIA C. NAME 1.2 NAME 812 COLUMBUS BLVD STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE MOSTEIRO, MERCEDES NAME 2.2 NAME 10205 COLLINS AVE PENTHOUSE 9 STREET ADDRESS 2.3 STREET ADDRESS BAL HARBOUR FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition TITLE 3.1 TITLE SOCARRAS, ISABEL M NAME 3.2 NAME 223 SAN SEBASTIAN AVE 3.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MOSTEIRO, MANUEL NAME 4. 2 NAME

6.4 City - \$1 - ZiP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or or an attachment with an address.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6 1 TITLE

62 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE NAME

NAME

10205 COLLINS AVE PENTHOUSE 9

CORAL GABLES FL

DELETE

DELETE

1/29/98

(305) 445 - 7229

Change

Change

Addition

Addition